

ARTICLE 17 – Workplace Safety and Technology

- A. General. - The Medical Center recognizes it is subject to national and state laws, and professional and regulatory standards for use of medical and safety equipment. The Medical Center commits to making good faith efforts towards ensuring medical and safety equipment is available according to patient care requirements and caregiver health protections, [and working on improvements to the overall safety of our caregivers.](#)

Clinical technology is intended to complement the Registered nurse's clinical judgment in assessment, evaluation, planning, and implementation of care. It is understood that technology/equipment decisions fall under management rights and responsibilities and are at the discretion of the Medical Center.

- B. Safety Protection and Devices. - Safety devices and required personal protective equipment shall be provided by the Medical Center for all Registered nurses engaged in work where such items are necessary to meet the requirements of applicable law, regulations and policies. Registered nurses must use such items in accordance with Medical Center policies.
- C. Mutual Responsibility. - Registered nurses and leadership personnel recognize they have a mutual responsibility for promoting safety and health regulations and complying with health and safety practices. These shall include but not be limited to the following:
- a. Adherence to Medical Center policies and procedures.
 - b. Proper use of personal protective equipment and safety devices.
 - c. Use of equipment according to manufacturers' instructions for use (IFU) or in accordance with state and national guidelines and standards.
- D. Nurse Input into Equipment and Technology.
Registered nurses who have concerns about safety, technology and/or

equipment may escalate via their chain of command and/or take those concerns to their Unit Based Practice Council.

- When feasible, Registered nurses shall be given the opportunity to provide input whenever new technology affecting the delivery of nursing care is being considered.
- Registered nurses are encouraged to identify deficits, malfunctions, and/or outdated equipment and bring proposals for new equipment [or alterations of current equipment](#) to the leader of the Nursing Unit.
- After having first escalated the matter through their chain of command, housewide concerns regarding equipment may be brought to task force.

E. Workplace Concerns.

- A Registered nurse who has concerns about staffing shall follow the established staffing complaint process, which includes but is not limited to escalation in the moment, followed by the completion of the Staffing Request Documentation Form (SRDF), which will be reviewed at the Housewide Staffing Committee. ONA is required to send SRDF forms to the Medical Center (Housewide Staffing Committee co-chairs and CNO) within one (1) week of the occurrence.
- A Registered nurse who has workplace concerns related to their health status will follow the established disability accommodation process by informing their core leader and leave administrator, and will follow organizational policies and procedures.
- A Registered nurse who has concerns about their workplace environment or safety shall follow their chain of command, including charge nurse and/or their core leader, and escalate as needed for review and/or resolution.
- In rare instances, when the chain of command fails to resolve a concern about their workplace environment or safety, including the care of a patient with a communicable disease, the Registered nurse will escalate the matter to their director and/or house supervisor (off hours). Every effort will be made to reach a resolution, which may include additional

resources, support and/or training, safety measures, a modified or changed assignment or another practical solution.

- F. Exposure to Communicable Disease in the Workplace. - If a Registered nurse is exposed to a serious communicable disease due to a work assignment with an infected patient and is determined by Caregiver Health to have had a high-risk exposure to a disease that would require immunization, testing, or treatment, the Registered nurse shall be provided immunization against, testing for, and/or treatment for such communicable disease without cost to the Registered nurse, in accordance with Medical Center policy.

G. Personal Safety.

- a. The Medical Center is committed to providing regular and ongoing education and training for registered nurses to promote their personal safety in the workplace setting.
- b. The Employer shall maintain a process for emergency lock downs and train nurses, in person, on that process annually. This process will include a communications plan for all St. Vincent locations.
- c. Threats to patient or staff member safety will be communicated to leadership and impacted staff in real time or as promptly as possible. Registered nurses shall escalate safety concerns immediately.
- d. The Medical Center will create an escalation pathway for instances of violence and/or threats of violence. This pathway will be in writing, available in each unit, and reviewed annually in Central Partnership Council.
- e. The Medical Center will maintain a workplace violence committee, which shall include the option for registered nurse membership and participation. Any nurse who is a member of the committee may place safety issues on the agenda. Task Force may request the co-chair of the Workplace Violence Committee to attend Task Force meetings to hear and discuss safety concerns.

- f. The Medical Center is committed to a safe work environment. As a result, the Medical Center will discuss security issues including Security Services, metal detectors, wandng and other security measures at Task Force.
- g. The Hospital will encourage nurses who are victims of assault in the workplace to report the event and will recognize the potential emotional impact. The Employer will follow its established process regarding workplace violence reports.
- i. Wellbeing resources are available to nurses via Providence's caregiver assistance program, the ChooseWell portal, Caregiver Support Sharepoint site (i.e., My Mental Health Matters), and HealthStream, including information and classes about suicide prevention.
 - ii. The Medical Center monitors the incidents of reported behavior/combative persons (code gray), weapons/hostage situations and active threat on campus (code silver), and the reported occurrences of workplace violence. The data will be shared and reviewed with the ONA Task Force as permitted by HIPAA. This data will be used to evaluate training needs.
 - iii. If a nurse who has been assaulted at work is unable to continue working after reporting the incident, the nurse will be released from duty without loss of pay for the remainder of that shift. If additional time away is needed, the nurse should contact the leave administrator and/or Caregiver Health to explore programs, resources and available options.
 - iv. A nurse who has been assaulted by a patient or patient's visitor will inform the charge nurse, using their chain of command, and may request not to be assigned the patient as a primary nurse. The charge nurse will honor the request until the matter can be reviewed with leadership. The core leader will discuss options with the impacted nurse, evaluate the situation, and make future

determination on their assignments. Requests for reassignment will not be unreasonably denied.

v. The Medical Center will extend reasonable cooperation to any nurse assaulted in the workplace who chooses to exercise their rights under the law

vi. The Medical Center will provide PMAB training for nurses in units where it is required. Effective six months after contract ratification, the Medical Center will make six (6) PMAB training classes available to nurses who request it, on paid time, on a first-come, first-serve basis, each year until this contract expires.